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ABSTRACT

Destructive dialogue, originating from frustration and disappointment, is an intrapersonal process that always involves a person in a relationship to others and that can be defined as inner talk cast in a negative tone. It is so powerful, influential, and pervasive that it can affect all aspects of a person's life and become a self-fulfilling prophecy. The way the mind and body function can be changed by becoming aware and gaining control of the process. Control of negative inner dialogue results from using effective intervention or coping strategies, such as: awareness, labelling, shifting control of circumstances to ourselves, and positive imaging (the process of creating material pictures in the mind which can be scanned as people would scan real events in their environment). Several other intervention strategies can be used in combination with imaging: reframing, acquiring a confidant to share ideas, providing an excuse to change, mentally shooting the source, using self-help books, learning something new, and obtaining professional help. (Thirty-three references are attached.) (JK)

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DESTRUCTIVE DIALOGUE:

NEGATIVE SELF-TALK AND EFFECTIVE IMAGING

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by

Richard L. Weaver II

and

Howard W. Cotrell

Bowling Green State University
Bowling Green, OH 43403

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Abstract

Destructive dialogue is an intrapersonal communication process, always involves us in relationship to another, and is talk that is cast in a negative tone. We first discuss its origin and effects. To gain control of our negative inner dialogue, we can use imaging--the process of creating material pictures in the mind which can be scanned as people would scan real current events in their environment. In addition, we can develop positive premise builders, take a break, use reframing, orally verbalize the destructive dialogue, share ideas with a confidant, give ourselves an excuse to change, mentally shoot the source, use self-help books, learn something new, or seek professional assistance. (110 words)

Contact: Richard L. Weaver II
9583 Woodleigh Court
Perrysburg, OH 43551

Phone: (419) 874-2124 (home)
(419) 372-8213 (office)

Running Head: Destructive Dialogue

Author Identification

Richard L. Weaver II, is a professor in the Department of Interpersonal and Public Communication at Bowling Green State University. He directs the basic speech-communication course which enrolls more than 2,000 students per year. Howard W. Cotrell is an associate professor in the Instructional Media Center at Bowling Green State University. He is actively involved in instructional development, and with Dr. Weaver, he has written more than a dozen articles in the area of instructional communication.

DESTRUCTIVE DIALOGUE:

NEGATIVE SELF-TALK AND EFFECTIVE IMAGING

The pressures of teaching are many. Besides being underpaid and overworked, there are the pressures to publish, serve on committees, and teach effectively. Administrators often want us to teach more classes and more students. Faculty want us to serve on more committees, direct more theses and dissertations, and advise more students--all in addition to our normal, required teaching loads. Pressures exist, too, to do research, present papers, and publish. Add to these, the pressures we put on ourselves, the pressures students exert, and the pressures that come from trying to have a family and social life. The point here is not to catalogue all the pressures but simply to note that there are many reasons for frustration, disappointment, and not achieving all our goals.

Frustration and disappointment are often sources for dialogue with the people in our mind. In frustration and disappointment, our dialogue becomes negative self-talk. In this article we will discuss the origin, dynamics, and effects of destructive dialogue first. Then we will provide methods for dealing with it. Effective imaging is the centerpiece of these coping strategies.

Origin and Effects

From the opening paragraph of this article, it is clear that almost any stimulus can become a cause for destructive dialogue. Before we go farther, let us provide a definition of destructive dialogue: (1) It is an intrapersonal communication process because it happens within us; (2) it always involves us in relationship to another (or others), and (3) it is talk that is cast in a

negative tone. Often, it is characterized by the predominance of negative words such as "no," "nothing," "never," "not," and "can't." It can begin because of outside sources, such as the expectations of administrators, other faculty, or even the profession, or it can begin from within. A feeling of inferiority can begin destructive dialogue just as goals that are set too high. Frustration in not meeting certain goals, or even misperceiving needs or demands are all potential sources for internal dialogue. Sometimes, too, it is simply negative selective perception. That is, given any relevant situation, we may look for and find that which is negative, whether it is present or not.

The real problem with destructive dialogue is that it becomes a self-fulfilling prophecy. With a negative mind-set going into any situation, we are likely to search out and find negative factors that confirm our original negative feelings. This legitimizes our original frustration or disappointment and may even increase its original level or influence. Also, because most people are so effective at the use of hyperbole and exaggeration, we have internal ways for increasing its power and influence. The department chair, for example, is not just mad because you did not get the report to him on time, now he is <u>always</u> "on your case." A landlord, in another example, isn't angry just because your dog chewed the floor molding in the kitchen, he is <u>always</u> looking for something to complain about!

Negative imaging has a powerful and real effect. Destructive dialogue <u>is</u> real. In his book, <u>The Great Fear of 1789</u>, George Lebvre developed the thesis that "in times of crisis what people believe is true is more crucial than what is true" (Andrews, 1973, p. 7). Just because it occurs within us does not mean it is not real. It is just as real as physical reality, and for those using it, it becomes their reality--the reality on which their behavior depends. We

actually talk to ourselves. Sometimes we even play both the role of speaker and listener as we talk. We may image others and their nonverbal communication just as we may image their emotional states. Sometimes our larynx actually moves. And sometimes--usually when we are alone--we will even do it out loud. Have you ever passed a car on the highway and seen a driver talking to himself or herself--with no one else in the car? The point is that we hear, and we answer. We are imaging in the oral/aural mode. Imaging is the process of creating material pictures in the mind which can be scanned as people would scan real current events in their environment (Ahsen, 1977, p. 5). Images, then, are mental representations of sensory, or perceptual-like, experiences that occur in the absence of the stimulus that would produce the genuine experiences (Richardson, 1969). What makes them especially powerful is that they may occur in any sense modality--visual, auditory, kinesthetic, emotional, taste, or smell (Witmer & Young, 1985, p. 187). Thus, when we recall experiences with others, we not only cause the visual image to reappear, but the emotional, touch, and sound sensations may also be evoked (p. 187).

The process we use to construct destructive dialogue is complex and elaborate. We create the scripts, formulate the scenes, invent the verbal and nonverbal communication, produce the moods or emotional states, and orchestrate the execution. In a sense, then, we are the producer, director, and actors in the plays depicted on our mental screen, and these plays become <u>our</u> reality in every sense of the word.

The dynamics of this process are important to understand because of its power and influence, but also because of its pervasiveness. The reality we design can reach out and touch (interfere) with every aspect of our life. And because we become such firm believers in <u>this</u> reality, we find it hard to believe

that others do not share our own vision, and we may even encounter conflicts with--or choose not to relate with--those who do not. When you become convinced that your colleagues are "out to get you," you will seldom wish to socialize with them, and you may even find yourself bickering over the way they talked with you, or refuted an idea you presented, when such bickering--from an objective look at the situation--is uncalled for. And when we are negative, it can affect all the relationships we have with others--not just colleagues. When destructive dialogue begins, often it is a mere taste of what can follow. As it captures us in its web, we start to bombard ourselves with a storm of self-criticism. We lash ourselves with contempt, and we become irritable, discouraged, and unhappy. Life becomes an unfriendly place, and we may even come to believe that everyone with whom we have contact can detect our dilemma; thus, we may isolate ourselves so as not to have to face others.

If we can become aware of and gain control over our inner dialogue, we can change the way our mind and body function. Our internal messages, statements, and suggestions cause our feelings. When we are down, angry, anxious, or pessimistic, it is because we have made ourselves feel that way. We tell ourselves or give ourselves the message, and the feelings follow. And it can become a vicious negative cycle because how we then feel, colors what we tell ourselves next. What we need, to make ourselves feel more positive, is to change the messages we give ourselves. Or, we can, through this same message system, order ourselves to stop. We must turn negative self-talk into positive self-talk. This can be accomplished through self-instruction or self-persuasion.

The pictures and words we use to visualize and describe our reality have power. They determine our life. For p e o p l e using a high degree of negative pictures or negative self-talk, they are likely to experience personal restrictions.

Some of the verbal messages may be "I'm not a good teacher," "The students hate me," "Teaching is such a waste of time," "My life is going nowhere," "Students don't give a damn," and "Everything I do is wrong." These are self-limiting statements which often cause us to adjust our efforts to make the statements we give ourselves come true. That is, we make reality fit what we have pictured or told ourselves is true--thus, creating our own reality.

Methods for Dealing with Destructive Dialogue

If we are happy, productive, able to handle stress, do not worry excessively, have a low level of anxiety, are flexible, get joy from life, take good care of our mental and physical health, and operate in our own best interests, then we may be relatively free of destructive dialogue. At least, we are able to cope successively with it when it occurs. Few of us, however, fall into these classifications. That is, most of us suffer from periods when our self talk is predominantly negative and self-defeating. Even the rich, popular, and much-admired personalities go through periods of extreme disillusionment. In some cases, those who seem to have it all may commit suicide, or die more slowly from booze, drugs, or depression. A positive, public front may belie a troubled interior.

In this section, the first of three, we want to deal with a variety of methods designed to change our inner conversation for the better. These techniques are designed to redirect thought in neutral or productive ways. Some methods will be better for some than others. In some cases, too, a combination of methods will work best. In other cases, it may require the use of some personal, idiosyncratic methods not mentioned here. Imaging, as a coping strategy, occupies a central position in our discussion.

Change is difficult. Negative self-talk can become habitual, and changing habits is not easy; thus, if we want dramatic change, it requires work and effort.

Changing requires a conscious choice and a great deal of desire. Figure 1 diagrams the process. As we anticipate or fabricate an event (designated by number one), we create destructive internal dialogue which starts to cause us frustration and disappointment--and causes us to get bent out of shape. At that point, we implement coping strategies so that the self begins to regain composure. Here, dynamation (explained later) is required to convert mental energy into physical (behavioral) energy. With success, learning occurs and control begins. Also, we recognize the need for quicker intervention. The "new," refreshed self that emerges is better able to face other new real, anticipated, or fabricated events (designated by number two). Thus, when destructive dialogue begins, intervention strategies are begun sooner, and the destructive dialogue terminated sooner so that the self is retained fully intact--with minimal damage.

INSERT FIGURE 1 HERE

The first thing we must do in dealing with destructive dialogue, is to become aware of what happens as negative events occur. These events can be real or imagined. For example, if we think a superior is out to get us, our perception can be as real, threatening, and destructive as if this person really was. Our minds create a reality for us that is very bit as real and potentially damaging as material threats to our lives(Weaver & Cotrell, 1985). Indeed, this is what imaging is all about: creating material pictures in the mind. Awareness means that we acknowledge this truth and the subsequent events likely to occur because of it. Are we prone to destructive internal dialogue--the ways we have for convincing ourselves we are unfit, unable, incapable, or in other ways do not measure up? Change requires that we first become aware of the destructive process that occurs.

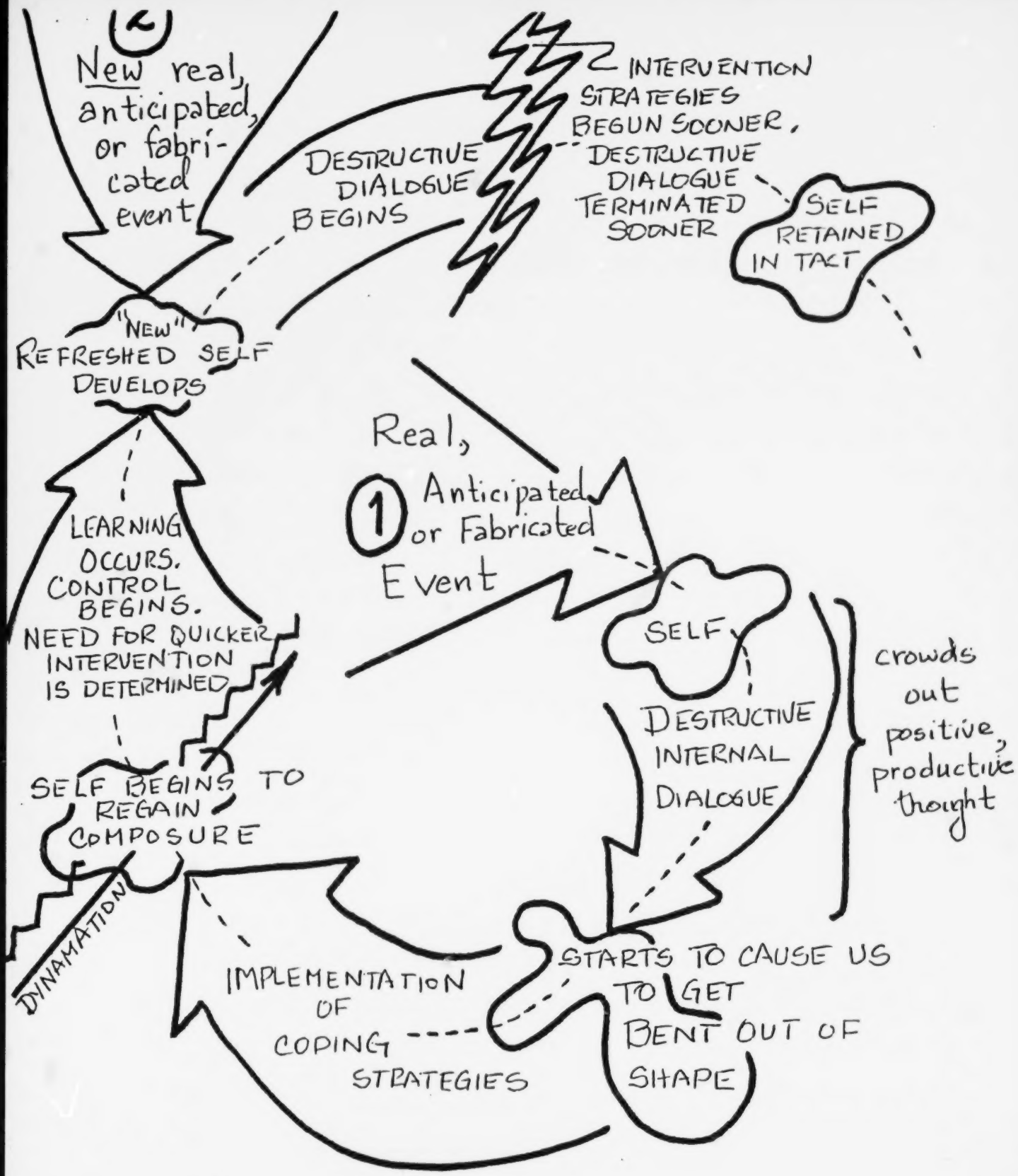

(2)
New real, anticipated, or fabricated event
DESTRUCTIVE DIALOGUE BEGINS
INTERVENTION STRATEGIES BEGUN SOONER, DESTRUCTIVE DIALOGUE TERMINATED SOONER
SELF RETAINED IN TACT
"NEW" REFRESHED SELF DEVELOPS
Real,
(1) Anticipated or Fabricated Event
LEARNING OCCURS. CONTROL BEGINS.
NEED FOR QUICKER INTERVENTION IS DETERMINED
SELF
DESTRUCTIVE INTERNAL DIALOGUE
crowds out positive, productive thought
SELF BEGINS TO REGAIN COMPOSURE
DYNAMATION
IMPLEMENTATION OF COPING STRATEGIES
STARTS TO CAUSE US TO GET BENT OUT OF SHAPE

FIGURE 1

The process of combatting destructive dialogue to aid self growth.

Awareness also involves labeling. If we can label the process that is occurring, like "destructive dialogue," this may help us, too. Labeling makes and idea concrete, specific, and approachable. For some, labeling may be a sufficient intervention strategy by itself. That is, once we fully realize what we are doing, or how we feel--whatever we have labeled it--we can stop. Otherwise, labelling can provide us focus as well as a focal point. Once we have a label for our behavior, it can be attacked, stopped, or reversed.

Awareness also involves recognition that the implementation of realistic coping strategies can change destructive dialogue--first, that we are responsible for the dialogue (ownership) and second, that we can change it (control). The negative dialogue that we engage in can be so pervasive and so loud that intervention can be difficult--like trying to quiet a crowd at a noisy party. But with desire, persistence, and a plan, we can intervene. Ellis and Harper claim that "You can, at almost any time you work at doing so, get in touch with your gut-level feelings and push yourself to change them so that you experience different feelings" (p. 211).

Often, when destructive dialogue occurs, we attribute the cause to a source outside of us. If we can shift the responsibility from outside ourselves to a locus of control within us, we can gain control--because we are the command center. Control must come from our own mental laboratory. We are not suggesting this is easy to do; however, this can be part of the awareness process: Are we blaming others? Are we shirking responsibility? If so, we can begin to take charge of our lives (Ellis & Harper, 1975, pp. 210-211).

Another possible shift is from the physical or emotional domain to the spiritual or metaphysical. If we are experiencing physical symptoms such as headaches and upset stomach from the destructive dialogue or if the symptoms are

purely emotional like feeling sad or depressed, then we can shift the problem to the spiritual domain. For example, we can meditate. Some people use a mantra which is said over and over again. It serves as a jamming technique. This allows us to push all other thoughts out while we are meditating; it has a reassuring function.

Destructive dialogue creates a negative feeling tone to which our bodies respond (Emotional-perceptive cycling, 1982). Feeling tone refers to our body's consciousness of a particular quality or state. The rules of logic do not apply. The proper body tone is that state of the body in which all animal functions are performed with healthy vigor. But the tone is controlled by our mind which is susceptible to our emotions. It is that interface between conscious and subconscious where emotions rule; logic does not. When the emotions are negative, the mind changes the body tone. The actual chemical nature of the brain/mind is changed just as if it had experienced a sudden shot of caffeine or sugar. To regain a positive feeling tone, we must change our emotions (Quereau, 1985).

We are convinced that positive thoughts can push out negative ones (Weaver & Cotrell, 1985, p. 265); thus, as a beginning point, we suggest the development of positive premise builders such as "I can do!" Positive statements point to positive action: "I am capable," "I am a survivor," "I am a leader," "I am fit," "I am capable," or "I am the best." As trite as these may sound, destructive dialogue tends to convince us of the opposite. Positive premise builders lay the foundation for positive action. They are self-persuasive. Often, what we need most at these points is self-evaluation. To repeat positive statements provides positive clamor to drown out the negative. Thus, for some people, the positive premise builders must be shouted loudly and often.

Another way to break the destructive dialogue is to take a break. Often, the environment in which we work feeds in negative information much as a negative cycle or routine. Drug abusers are advised to remove themselves from their culture and friends as part of their rehabilitation. Widows are sometimes advised to move out of the home that once was "theirs," and those in broken relationships are sometimes advised to destroy or hide the rings, charms, pictures, and diaries or journals that will remind them of the departed partner. Destruction of the material things breaks the negative cycle. To discover something new or someone new can divert our interest and attention. A week to three weeks of newness can be a successful intervention strategy.

Imaging As A Coping Strategy

Positive imaging can be used as well. Imaging, according to one expert on the subject, is "a potent, highly significant stimulus which arises from within the mind and throws it into a series of self-revealing imagery effects" (Ahsen, 1977, p. 5). If the images are negative, the self-revealing imagery effects will tend to be negative as well: sadness, moodiness, depression, etc. If the images are positive, the self-revealing imagery effects will tend to be positive: happiness, contentment, and dynamism.

But why use imaging? The advantages are summarized by Sheikh and Jordan (1983): (1) Experiencing something by imaging is the same as experiencing it in actuality (Klinger, 1980; Kosslyn, 1980). (2) Imaging serves as a source of motivation for future behavior (Sheikh & Shaffer, 1979). (3) Imaging allows us access to main events in our lives (Sheikh & Panagiotou, 1975). (4) It helps uncover intense affective states and can generate emotional reactions (Horowitz, 1970; Shapiro, 1970). (5) It can provide a variety of physiological changes (Barber, 1978; Sheikh & Shaffer, 1979). (6) It opens up wide avenues for

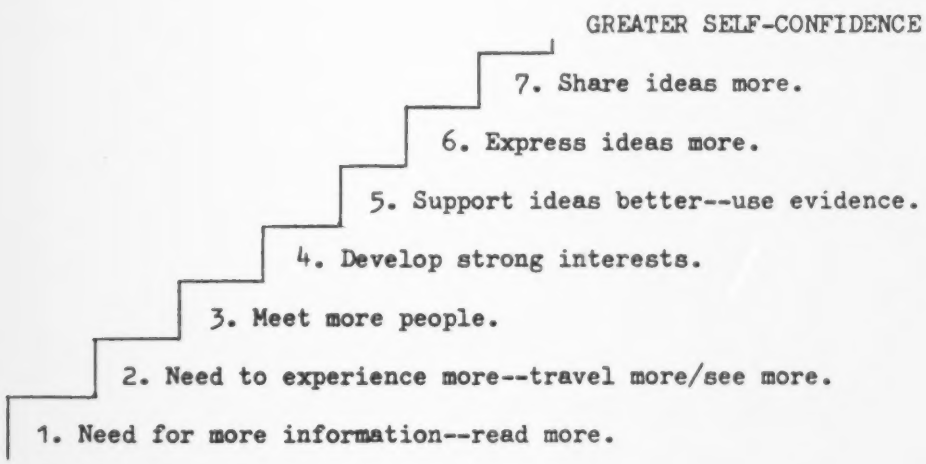
exploration (Panagiotou & Sheikh, 1977; Singer, 1974). (7) It can produce therapeutic change (Desoille, 1961; Klinger, 1980; Leuner, 1977; Meichenbaum, 1978).

In another article we have shown how educators can change or grow toward more positive images--or, change from negative to positive images as the case may be (Weaver & Cotrell, 1985, pp. 265-268; Weaver & Cotrell, 1986). We can use imaging to change our negative mind-set and destroy destructive dialogue. We have developed a five-step sequence for this procedure: (1) develop awareness, (2) break down the image, (3) construct a sequence, (4) engage in dynamation, and (5) perform evaluation.

"Develop awareness," here, means more than awareness of the problem. It means awareness of the image--or the potential you wish to achieve. It is the attainment and holding of a clear, material picture of the goal accomplished. For example, a person who feels inadequate in interpersonal relationships could image feeling comfortable and confident in a small social setting. Freedom from destructive dialogue also could be such an image, as could freedom from defensiveness, or greater assertiveness or self-confidence. We need to have an overall direction and awareness of our objective or goal and specific images offer that sense of purpose.

Once we are aware of the goal--the desired image--we need to break down that image. Any image can be broken down. For example, that of the person desiring more self-confidence could involve a wide variety of factors such as: the need to become more informed, express feelings more, meet more people, experience more, share ideas more, develop strong interests, support ideas better. Once we have done this for ourselves--based on our own personal needs--we can arrange these into a progressive set of steps from easiest to accomplish to most difficult.

Constructing a sequence refers to systematic sensitization (Weaver & Cotrell, 1985, pp. 267-268; Weaver & Cotrell, 1986, pp. 183-185). Systematic sensitization allows people to build proper images incrementally--just as cars are put together piece-by-piece. If we believed that much of our destructive dialogue resulted from weak self confidence, and we felt that the above list included many of our special needs, we might arrange these into a step-by-step sequence that looked like this:


GREATER SELF-CONFIDENCE
7. Share ideas more.
6. Express ideas more.
5. Support ideas better--use evidence.
4. Develop strong interests.
3. Meet more people.
2. Need to experience more--travel more/see more.
1. Need for more information--read more.
DESTRUCTIVE DIALOGUE

After a sequence is constructed, dynamation is important--the action and problem solving necessary to systematically move through the sequence. Dynamation sustains the effort both mentally and physically to goal accomplishment. With dynamation, the positive incremental effects of positive imaging and positive thinking, in general, leads to observable results. Dynamation is the overt behavioral practice that allows us to modify the status quo. It is the conversion of mental energy into physical energy. This requires willpower, singleness of purpose, the simplicity of the program, and the steadiness of the pursuit. But without dynamation, we have no hope of achieving our ultimate goal at all!

As we move through our sequence, successively approximating our ultimate image--getting closer and closer to it--we need to continually evaluate and monitor our progress. Some steps may be easy and accomplished readily; others may be more difficult, requiring the addition of several new steps. Built into any evaluation program should be a system of rewards for accomplishment. When we succeed--accomplish a new step--we should reward ourselves. "When I complete this step I will reward myself with a night on the town," "When I finish doing this, I will buy that new coat I always wanted," or "At the end of this step, I will take that vacation I have been putting off for so long," are possible rewards. Evaluation, monitoring, and consequent rewards should allow and permit adjustment and fine tuning of the sequence. Every sequence must be adapted and adjusted to fit the user precisely and comfortably. Changes are important to accomodate the sequence user so that motivation to continue is sustained.

Imaging has been deomonstrated to be effective. Researchers have shown, for example, that it has been effective in the treatment of insomnia (Sheikh, 1976), depression (Schultz, 1978), obesity (Bornstein & Sipprelle, 1973), sexual malfunctioning (Singer & Switzer, 1980), chronic pain (Jaffe & Bresler, 1980), various phobias and anxieties (Meichenbaum, 1977; Singer, 1974), and a host of psychosomatic problems (Lazarus, 1977; Simonton, Mathews-Simonton, & Creighton, 1978). Another aspect of imaging is the use of the silent partner (Witmer & Young, 1985). People can actually image a silent partner who will give them advice and counsel. Instead of talking with themselves alone, they vividly image (or create) a specific other partner, with whom they carry on a dialogue.

Other Coping Strategies

A variety of other intervention strategies can be used in conjunction with imaging. Postive imaging closely relates to reframing or relabeling, for example.

Under "awareness" we discussed labeling of behaviors. If the label we choose is negative, sometimes relabeling can help. For example, if we label a student's behavior in the classroom as "irresponsible" for sleeping or "rude" because of getting up to leave during one of our lectures, "irresponsible" or "rude" behavior can create negative dialogue: "I'm obviously not very interesting" or "I am a boring lecturer." If in the first case, the student may have put in a double-shift working the night before and showed up to our class because she didn't want to miss it, and in the second, the student may have become ill, then some initial reframing may have prevented our initial erroneous conclusions--that we are boring. We could have labelled these situations as: "These are students with personal problems," or "These are students with severe personal problems"--to strongly emphasize this reframing. This latter way of labeling, then, is less likely to create destructive dialogue. Both situations have been reframed.

There is more than one way to view any situation, and yet, when our behavior is being controlled by destructive dialogue, often we can see only one way--sometimes, the most negative of available possibilities. Reframing becomes an intervention strategy that causes us to stop and look at situations and to try to see them in a different way. We reframe a negative comment into constructive criticism designed to help us out. In this way negative feedback can be viewed constructively. A student who flies off the handle could be reframed as a student with a weak self-concept, with emotional problems, or having a bad day. A student who complains about a grading policy or a teaching technique, could be a signal that the policy or technique needs attention--better explanation or clearer execution. Rather than a "threat," the complaint becomes an "aid."

Another intervention strategy is to orally verbalize the destructive dialogue. When we keep it in, we allow it to intensify and continue to infect the system. Orally verbalizing is an extension of the labeling process, and it can be therapeutic. It allows us to think through ideas and, too, provides cathartic release. Sharing our ideas with others is another extension of this tactic and, too, offers catharsis.

To have a confidant with whom to share ideas can offer a continuing intervention possibility. Not only can they share ideas, they can offer advice, temper the comments, or make us feel more human--letting us know that we are still normal (Weaver & Cotrell, 1987).

Another intervention strategy is to give ourselves an excuse to change. "I am going to be a better teacher!" "I am going to like myself," are some excuses to change. We can want to gain control of destructive dialogue by ourselves, so we concentrate, develop a positive mind set, and see the destructive dialogue obliterated. We can see ourselves with the dialogue abolished--finished. It's the theory of the positive predicate: "I'm going to do it."

A stronger intervention strategy is to mentally shoot the source. This covert, dual, role taking can help us eliminate the cause of our distress by mentally destroying him or her. We can destroy the stimulus/event by blowing it up--mentally. Because imaging is so powerful, and because we can believe it so easily, we can terminate the cause for our negative self-talk entirely.

Other ways for controlling or suppressing destructive dialogue include using self-help books and tapes. Popular, trade books are often inspirational. As non-academic as this sounds, our talks with professionals have indicated that these books can offer some assistance. For some, they offer specific guidelines; for others, they simply offer incentive to continue, an uplifting surge of energy

or power. Sometimes, that is all that is needed. When caught in a web of negativism, the actual stimulus for change is sometimes unknown. How do we know what will cause the change we need? More than anything else, we need alternatives and options--tools that can be used and interchanged.

In some cases, change may result from learning something new. We could try a new diet or begin a new exercise program. If we enroll in an aerobics class, take part in a new fitness program, buy and use a workout tape, invest in a personal computer and learn its operation, take up light plane flying, scuba diving, or photography, the commitment to such a program may be sufficient to change our feeling tone.

If we are seriously depressed, drugs prescribed by a doctor may bring about the necessary change. There is no doubt that destructive dialogue may require professional assistance. Psychiatric treatment or group therapy may be necessary. One must consider its depth and intensity as well as how long it has persisted. Because of its potential effect, it needs to be resolved as efficiently and effectively as possible.

Summary

Frustration and disappointment are normal byproducts of the teaching profession. There are many causes for it. Destructive dialogue is an intrapersonal process that involves us in relationship to others and that is talk that is cast in a negative tone. Frustration and disappointment often cause negative self-talk.

Destructive dialogue becomes a self-fulfilling prophecy. It is powerful and real. We create scripts, formulate scenes, invent verbal and nonverbal communication, produce the emotional states, and orchestrate the execution. It is powerful, influential, and pervasive. To become aware and gain control of it can change the way our mind and body function.

Control results from using effective intervention strategies. Awareness is first; labelling is second. Shifting control of circumstances to ourselves is next. Shifting from the physical or emotional domain to the spiritual or metaphysical is another possible strategy. Changing the overall feeling tone is essential. The development of positive premise builders and taking breaks can help.

Using positive imaging is an effective coping strategy, too. Because of the special power of imaging, we answer the question, "Why use it?" We show how to develop awareness of images, break down images, construct systematic sensitization sequences, engage in dynamation, and perform evaluation. Imaging has been demonstrated to be an effective tool.

Several other strategies can be used in combination with imaging. Reframing was mentioned as an intervention strategy that involves seeing situations in different ways. Acquiring a confidant to share ideas, giving yourself an excuse to change, mentally shooting the source, using self-help books, learning something new, and obtaining professional help were some of the strategies discussed.

Destructive dialogue, if allowed to continue, can affect all aspects of our lives. It can be very destructive, and it must be stopped. There are numerous methods to bring it to an end (Roberts, Edwards, Barker, 1987, pp. 119-147). Many of these work well when used in combination with others. Perhaps the most important thing is that control of destructive dialogue is in <u>our</u> hands--nobody else's. In the words of William James, "The greatest revolution of our generation is the discovery that human beings, by changing the inner attitudes of their minds can change the outer aspects of their lives" (Hutschnecker, 1981, p. 252).

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